

Veterans Service Commission  
250 West Broad Street  
Columbus, Ohio 43215-2787

Investigator  
PHONE: 462-2500

*Financial Assistance Applications is governed by Title 59 of the Ohio Revised Code. Financial Assistance applications are taken on Monday, Wednesday, Thursday and Friday from 8:00 to 3:00, on a first come first served basis at the office located at 250 W. Broad St. The outstations will take walk-ins in the morning and appointments in the afternoon.. A decision will be made on your case once the application is completed. If your case is denied you will be told why, you have a right to appeal it to the Supervisor or Director, in that order. If your case is denied again, you have the right to appeal it to the Commission. If you appeal your case to the Commission, you need to report to the main office at 250 W. Broad St. at 8:00 am on the following Wednesday.*

\_\_\_\_\_ *Discharge, DD214 Form or letter of Honorable Service. (If less then one year, you must produce a DD214*

\_\_\_\_\_ *Marriage Record/Divorce Papers.*

\_\_\_\_\_ *Birth Certificates of children you support/custody papers.*

\_\_\_\_\_ *Pay stubs or statement from employer on the amount of income for the past 30 days (also if wife is working), or any other member or person in the household).*

\_\_\_\_\_ *Need proof of how money was spent in the last 30 days. (Receipts, money order stubs, check book ledger, cash register receipts, etc.)*

\_\_\_\_\_ *Award letter from VA, Social Security, union or other income (W/C, C/S, JFS UC 454).*

\_\_\_\_\_ *Mortgage book, Mortgage company address and telephone number. \_\_\_\_\_ Utilities bills. Must be in client's name.*

\_\_\_\_\_ *Rent Receipt or a Statement from Landlord if behind on Rent, address and telephone number of landlord. If Landlord IS NOT Owner; Furnish owner's name and telephone number.*

\_\_\_\_\_ *Statement from landlord on the amount of Deposit and 1st months Rent, address and telephone number of landlord. If Landlord IS NOT Owner; Furnish owner's name and telephone number.*

\_\_\_\_\_ *Report from Physician to confirm being Disabled or unable to work.*

\_\_\_\_\_ *Statement from Employer. \_\_\_\_\_ Police report-lost or stolen income.*

OFFICIAL USE ONLY:	
DATE:	
STATUS:	
WELFARE:	
OBES:	
INITIALS:	

**REQUEST:** \_\_\_\_\_

\_\_\_\_\_ **INCOME:** \_\_\_\_\_ **(RECEIPTS)** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LAST WORKED:** \_\_\_\_\_ **COMPANY:** \_\_\_\_\_ **LENGTH:** \_\_\_\_\_ **REASON LEFT:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**MARTIAL STATUS:** \_\_\_\_\_ **(VSC FA-7-04)**